MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

0050680

JAFILED17 64 3 Registration District No. — Primary Registration District No. 3010 Registrar's No. 30 — STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Item	Amended
1	0168
2	0161
3	2
4	0
5	1
6	
7	0
8	2
9	331x
10	
11	
12	3-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 6 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Southeast Missouri Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Jackson — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 616 West Adams — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OTTO — Middle: JOHN — Last: BIRK

4. DATE OF DEATH: Month: December — Day: 31 — Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/2/1884

9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Crop Growing

11. BIRTHPLACE (City and state or country): Tilsit, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Marcus Birk

13b. MOTHER'S MAIDEN NAME: Louise Nagel

14. NAME OF HUSBAND OR WIFE: Frieda Birk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates o…): None

16. SOCIAL SECURITY NO.

17. INFORMANT: Martin Birk — Address: Jackson, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p…)
PART I. DEATH WAS CAUSED BY:

	Cause	Interval between onset and death
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	1 week
DUE TO (b)	Cerebral Arteriosclerosis	2 yrs.
DUE TO (c)	—	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from June 1956 to Dec. 31, 1963 and last saw ~~her~~ him alive on Dec. 31, 1963
Death occurred at 6:10 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. F. McDonald, MD
22b. ADDRESS: Jackson, Mo
22c. DATE SIGNED: 1-9-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/3/1964
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights
23d. LOCATION (City, town, or county): Jackson, — (State): Missouri

24. FUNERAL DIRECTOR: MC COMBS FUNERAL HOME — ADDRESS: JACKSON, MISSOURI

25. DATE RECD. BY LOCAL REG.: 1-13-1964

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1964

JAN 28 1964

FEB 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Hackins

Licensed Embalmer No. 5097

P. O. Address Jackson, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.